FILE REVIEW CHECKLIST
For state team to use for data verification and collection of new federal indicators

Child's HSRS ID Number	County

I. PART C DATA COLLECTIONS
Check the file for each data element below and compare it to the data provided on the Human Service Reporting System (HSRS). Indicate below whether or not it matches the data reported.

Data Element	Matches HSRS?	If no, provide correct information
Date of Birth	☐ Yes ☐ No	
Gender	☐ Yes ☐ No	
Race	☐ Yes ☐ No	
Primary Location of Services	☐ Yes ☐ No	
Closing Date	☐ Yes ☐ No	
Closing Reason	☐ Yes ☐ No	

II. DATA RELATED TO STATE PERFORMANCE PLAN (SPP) INDICATORS

Date – Referral for Screening	Date – Referral for Evaluation	Date – Referral on HSRS	Date – First IFSP Meeting
/ /	/ /	/ /	/ /

If more than 45 days between the referral and the Individual Family Service Plan (IFSP) meeting, provide the reason.

Total number of different services provided since first IFSP, including service coordination:	From all IFSPs, how many services began within 30 days of parent signature authorizing that service:

If more than 30 days between the parent signature agreeing to the service and the date the service began, provide the reason.

Complete the following only for children born before April 30, 2004

Date of IFSP with Transition Steps	Age of the child (in months) on date of IFSP
/ / ☐ Not completed	_____ months

Date of Lead Education Agency (LEA) Notification	
/ / ☐ Not completed	

Date of Transition Planning Conference (TPC)	Date Matches HSRS?	
/ /	☐ Yes ☐ No	☐ TPC not held

If less than 90 days prior to the child's third (3rd) birthday at the time of the transition planning conference, provide the reason.